GUIDELINES AND RECOMMENDATIONS

Interim Domestic Guidance on Persons Who May Have Been Exposed to Patients with Suspected Severe Acute Respiratory Syndrome (SARS)

Severe acute respiratory syndrome (SARS) is a respiratory illness caused by a novel coronavirus, called SARS-associated coronavirus (SARS-CoV). The disease was first recognized in Asia in February 2003, and over the next several months spread to more than two dozen countries in North and South America, Europe, and Asia. In July, cases were no longer being reported, and SARS outbreaks worldwide were considered contained. Additional information about the SARS pandemic is available on the World Health Organization's (WHO) SARS Web site (www.who.int/csr/sars/en/) and the Centers for Disease Control and Prevention's (CDC) SARS Web site (www.cdc.gov/ncidod/sars/).

CDC is working with domestic and international partners to prepare for the possible re-emergence of SARS. This interim guidance document was developed during the SARS outbreak of February-July 2003 and will be revised as additional information becomes available.

Most reported cases of SARS (www.cdc.gov/ncidod/sars/factsheet.htm) in the United States were exposed through foreign travel to countries with community transmission of SARS (areas with community transmission can be found at case definition page [www.cdc.gov/ncidod/sars/casedefinition.htm]), with only limited secondary spread to close contacts such as family members and health-care workers. Guidance for the management of exposures in health-care settings and infection control precautions for SARS patients and their close contacts in household settings can be found at: management of health-care exposures (www.cdc.gov/ncidod/sars/exposureguidance.htm) and household exposures (www.cdc.gov/ncidod/sars/ic-closecontacts.htm). The following guidance is intended to help clinicians manage persons other than health-care workers or household contacts who may have been exposed to SARS through international travel to an area with community transmission or as a result of a public health investigation. These recommendations are based on the experience in the United States to date and may be revised as more information becomes available.

1. Persons who may have been exposed to SARS should be vigilant for fever (i.e. measure temperature twice daily) and respiratory symptoms over the 10 days following exposure. During this time, in the absence of both fever and respiratory symptoms, persons who may have been exposed to SARS patients need not limit their activities outside the home and should not be excluded from work, school, out-of-home child care, church or other public areas.

2. Exposed persons should notify their health-care provider immediately if fever OR respiratory symptoms develop. **In advance of clinical evaluation, health-care providers should be informed that the individual may have been exposed to SARS so arrangements can be made, as necessary, to prevent transmission to others in the health-care setting**.

3. Symptomatic persons exposed to SARS should follow the following infection control precautions:
    - If fever OR respiratory symptoms develop, the person should limit interactions outside the home and not go to work, school, out-of-home child care, church, or other public areas. In addition, the person should use infection control precautions (www.cdc.gov/ncidod/sars/ic-

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closecontacts.htm) in the home to minimize the risk for transmission, and continue to measure temperature twice daily.

- If symptoms improve or resolve within 72 hours after first symptom onset, the person may be allowed, after consultation with local public health authorities, to return to work, school, out-of-home child care, church or other public areas, and infection control precautions can be discontinued (see figure below).
- For persons who meet or progress to meet the case definition for suspected SARS (e.g., develop fever and respiratory symptoms), infection control precautions should be continued until 10 days after the resolution of fever, provided respiratory symptoms are absent or improving.
- If the illness does not progress to meet the case definition, but the individual has persistent fever* or un-resolving respiratory symptoms, infection control precautions should be continued for an additional 72 hours, at the end of which time a clinical evaluation should be performed. If the illness progresses to meet the case definition, infection control precautions should be continued as described above. If case definition criteria are not met, infection control precautions can be discontinued after consultation with local public health authorities and the evaluating clinician (see figure below). Factors that might be considered include the nature of the potential exposure to SARS, nature of contact with others in the residential or work setting, and evidence for an alternative diagnosis.

4. Persons who meet or progress to meet the case definition for suspected SARS (e.g., develop fever and respiratory symptoms) or whose illness does not meet the case definition, but who have persistent fever or un-resolving respiratory symptoms over the 72 hours following onset of symptoms should be tested for SARS coronavirus infection. Collection of appropriate specimens for laboratory testing (www.cdc.gov/ncidod/sars/specimen_collection_sars2.htm) should be coordinated with and guided by local/state public health authorities and consultation with CDC.

5. If a person exposed to SARS is symptomatic while at work, school, out-of-home child care, church or other public setting, local public health authorities should be consulted regarding the need for education and follow-up of persons in attendance.

*Clinical judgment should be used when evaluating patients for whom a measured temperature of >100.4º F (>38º C) has not been documented. Factors that might be considered include patient self-report of fever, use of antipyretics, presence of immunocompromising conditions or therapies, lack of access to health care, or inability to obtain a measured temperature. Reporting authorities might consider these factors when determining whether infection control precautions should be continued.

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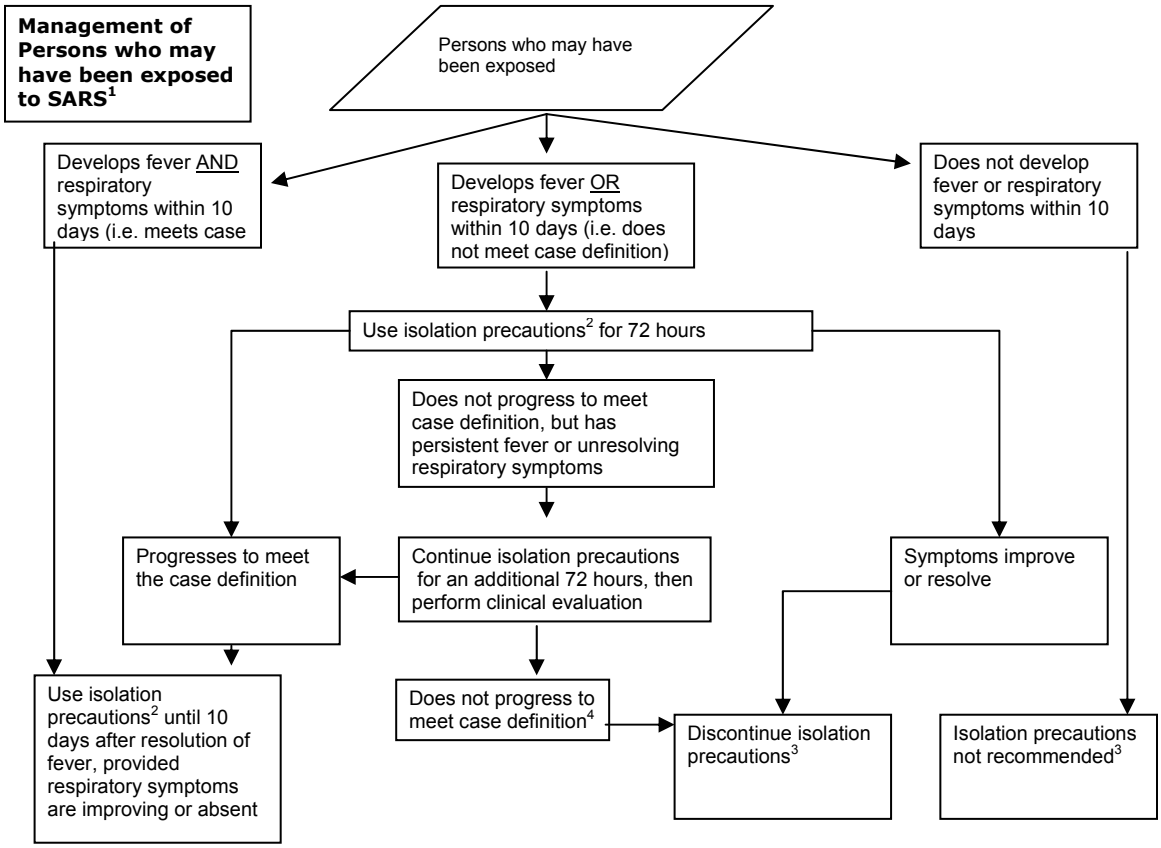

1Exposure includes travel from areas with documented or suspected community transmission of SARS or close contact with persons who have SARS; close contact is defined as having cared for or lived with a person known to have SARS or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a patient known to have SARS. Examples of close contact include kissing or embracing, sharing eating or drinking utensils, close conversation (<3 feet), physical examination, and any other direct physical contact between persons. Close contact does not include activities such as walking by a person or sitting across a waiting room or office for a brief period of time.

2Isolation precautions include limiting patient's interactions with others outside the home (e.g., should not go to work, school, out of home day care, church or other public areas), and following infection control guidelines for the home or residential setting if not admitted to hospital for care.

3Persons need not limit interactions outside of home (e.g., need not be excluded from work, school, out of home day care, church or other public areas).

4Discontinuation of isolation precautions for patients who have not met the case definition 6 days following onset of symptoms, but who have persistent fever or respiratory symptoms, should be done only after consultation with local public health authorities and the evaluating clinician. Factors that might be considered include the nature of the potential exposure to SARS, nature of contact with others in the residential or work setting, and evidence for an alternative.

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

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